



**RENEWAL APPLICATION**  
**MONTANA BOARD OF NURSING HOME ADMINISTRATORS**  
**301 S PARK**  
**P O BOX 200513**  
**www.nha.mt.gov**  
**(406) 841-2391**

LICENSE NO. \_\_\_\_\_

RENEW DATE \_\_\_\_\_

STATUS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

**ADDRESS CORRECTIONS ONLY:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP/COUNTRY: \_\_\_\_\_

Your Montana Nursing Home Administrator license will expire on **December 31**. Please check the following license status you wish to renew: \_\_\_\_\_ ACTIVE \$185.00 \_\_\_\_\_ INACTIVE \$75.00

**YOU MAY ALSO RENEW ONLINE, GO TO: <https://app.mt.gov/renewal>**

To renew your Montana Nursing Home Administrator license via mail:

- 1) Complete and sign the renewal application.
- 2) Read the continuing education statement below.
- 3) Answer the disciplinary question at the bottom of the form.
- 4) Submit a check or money order for \$185.00 for an active license or \$75.00 for an inactive license, make payable to the Board of Nursing Home Administrators. **DO NOT SEND CASH.**
- 5) Renewals postmarked after December 31 will be assessed a penalty fee of \$100.00, increasing the total amount due to \$285.00 for an active license or \$175.00 for an inactive license.
- 6) An application for reinstatement for an expired license may be filed within 2 years of the expiration date, provided the applicant can establish that the continuing education requirement has been met. The application must be accompanied by all delinquent fees, which shall not be refunded.
- 7) Return the renewal application and fee to the Board office postmarked by December 31.

**CONTINUING EDUCATION REQUIREMENT:**

You are required to have 25 hours of continuing education completed within the last year in order to renew your license. Up to 25 hours earned in excess of 25 hours in a calendar year may be carried over into the succeeding year. Continuing education does not apply to new licensees until December 31 of the year following the year of the original license. The Board will conduct a random audit of licensees during the renewal cycle to ensure compliance.

**STATEMENT:** By signing the application below, I declare under penalty of perjury that I have completed 25 hours of continuing education within the last 12 months or earned in excess of 25 hours in the succeeding year that may be carried over. I am aware that a false statement may lead to subsequent revocation of licensure on ethical grounds.

Please provide the following information for the Board's records. List the facilities you have worked for in the past year:

NAME OF FACILITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**Incomplete or unsigned renewal applications will not be processed and will be returned. A renewal application returned to a licensee for any reason must be returned to the Board office postmarked by December 31 to avoid paying a late fee.**

LEGISLATION PASSED IN THE 2005 SESSION PROVIDES THAT A LICENSEE HAS 45 DAYS TO RENEW HIS/HER LICENSE AFTER THE DEADLINE BY PAYING BOTH THE RENEWAL FEE AND THE LATE FEE. ANYONE RENEWING 46 DAYS OR MORE AFTER THE DEADLINE MAY HAVE A COMPLAINT FILE OPENED AND THE POSSIBILITY OF UNLICENSED PRACTICE WILL BE ADDRESSED BY THE BOARD THROUGH THEIR DISCIPLINARY PROCESS.

YES \_\_\_\_\_ NO \_\_\_\_\_ **Have any legal or disciplinary actions been instituted against you since your renewal?** If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT SEND CASH